

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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Waste Management Administration • Solid Waste Program

PLEASE MAIL THIS FORM TO THE "MARYLAND DEPARTMENT OF THE ENVIRONMENT – CUSTOMER SERVICE CENTER"

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Secondary Scrap Tire Collection Facility License Application

Authority: Title 9, Environment Article, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 26.04.08

"Secondary Scrap Tire Collection Facility" means a scrap tire collection facility where 51 to 1,500 scrap tires are accumulated on a site at any one time as defined in COMAR 26.04.08.02B(23).

Application for: ☐ New License ☐ License Renewal

Existing License No. _____ - RSC- _____ Issued Date ____/____/____ Expiration Date: ____/____/____

Applicant's Legal Name: _____

Applicant's Status: ☐ Individual ☐ Corporation ☐ Government ☐ Other: _____

Corporation or Government Federal Tax Identification No.: _____

Maryland State Department of Assessments and Taxation (SDAT) ID No.: _____

Please note that a business/entity must be registered to do business in Maryland before a permit can be issued. The business or entity's information provided in this application must match the information in the SDAT register.

Proof of workers' compensation coverage is required under § 1-202 of the Environment Article. Please provide one of the following:

- (1) A copy of a Certificate of Compliance issued by the Maryland Workers' Compensation Commission; or
- (2) Workers' Compensation Insurance Policy/Binder Number: _____

Applicant's Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Applicant's Telephone No.: () _____ - _____ Facsimile No.: () _____ - _____

Emergency Contact Name & Title: _____ Telephone No.: () _____ - _____

Facility/Site Name: _____

Facility/Site Address: _____ City: _____ State: _____ Zip Code: _____

County: _____

Maryland Grid Coordinates: _____/_____-_____

County Zoning Map No.: _____

Lot/Parcel No.: _____ Deed/Liber/Folio No.: _____

State Legislative District: _____

Local Council / Election District: _____

Bay Tributary Watershed Code: _____

Latitude/Longitude (Deg/Min/Sec): _____-_____-_____/_____-_____-_____

Site Acreage: _____

Facility Acreage (Estimated): _____

Property Owner's Name: _____

Property Owner's Address: _____ City: _____ State: _____ Zip Code: _____

Property Owner's Telephone No.: () _____ - _____

Briefly describe the manner in which scrap tires are being accumulated at your facility. _____

Average quantity of scrap tires projected to be on site at any given time:

Please check one: ☐ 1 to 250 ☐ 251 to 500 ☐ 501 to 750 ☐ 1,000 to 1,500

Type and maximum quantity of scrap tires that can be accepted at this facility on a daily basis:

Please specify the quantity:

Passengers Cars/Trucks: _____ **Trucks:** _____ **Others:** _____

Provide the following information about the scrap tire hauler who will be picking up scrap tires from this facility.

If you haul your own scrap tires, please provide your information:

Scrap Tire Hauler Name: _____

Scrap Tire Hauler License No.: _____ **- RTH -** _____ **Expiration Date:** ____/____/____

Provide the following information about the scrap tire facility where your scrap tires will be delivered:

Scrap Tire Facility Name: _____

Scrap Tire Facility License No.: _____ **-** _____ **-** _____ **Expiration Date:** ____/____/____

By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information, and belief. I hereby authorize the representatives of the Department to have access to the site of the proposed facility for inspection and to records relating to this application at any reasonable time. I acknowledge that depending on the type of facility applied for, other permits or approvals may be required.

Signature of Applicant

Date

Applicant's Name (Print)

Title

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552.a. Disclosure of your Social Security Number or Federal Employer Identification Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires the Maryland Department of the Environment to verify that an applicant for a license has paid all undisputed taxes and unemployment insurance. Social Security or Federal Employer Identification Numbers will not be used for any purposes other than those described in this Notice.

For questions regarding this application form, please contact the Department at (410) 537-3375